

# Registration

Pre-registration forms MUST be postmarked no later than **March 31, 2006**. After that, registrations will be done on-site only. Pre-registration fee: \$35.00\* (includes morning coffee and pastry, lunch and reception). A limited number of need-based scholarships are available. For information please contact Sarah Zurier at 401.222.4142.

**Each person** must complete their own form. This form may be copied. Mail the form(s), together with a check or money order payable to **2006 Historic Preservation Conference**, to: 2006 Historic Preservation Conference, c/o Meeting Mavens, P.O. Box 9247, Warwick, RI 02889.

## Program Selection

For each session, please put a **1** in the space next to your first choice and a **2** in the space next to your second choice. **Spaces for tours and some sessions are limited and will be filled in the order that registrations are received.** We cannot guarantee that everyone can be accommodated in the tour or session they choose. *We will notify you about your sessions by mail or email within a week of receipt of your registration.*

### Session A

\_\_\_ A1  
\_\_\_ A2  
\_\_\_ A3  
\_\_\_ A4  
\_\_\_ A5  
\_\_\_ A6  
\_\_\_ A7  
\_\_\_ A8  
\_\_\_ A9

### Session B

\_\_\_ B1  
\_\_\_ B2  
\_\_\_ B3  
\_\_\_ B4  
\_\_\_ B5  
\_\_\_ B6  
\_\_\_ B7  
\_\_\_ B8 (3 hrs)  
\_\_\_ B9\* (3 hrs)

### Session C

\_\_\_ C1  
\_\_\_ C2  
\_\_\_ C3  
\_\_\_ C4  
\_\_\_ C5  
\_\_\_ C6  
\_\_\_ C7

\* Note: there is an additional \$15 charge for Session B9.

22

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime phone (      ) \_\_\_\_\_

Evening phone (      ) \_\_\_\_\_

Email \_\_\_\_\_

☐ If you have a disability please check the box and call 401.732.6335 so that we can accommodate you.

☐ I plan to attend the closing reception.

☐ I request a vegetarian lunch.

☐ AIA member number: \_\_\_\_\_

I learned about the conference by:

☐ mailing ☐ website

☐ newspaper (which one) \_\_\_\_\_

☐ listserv ☐ word of mouth

☐ other \_\_\_\_\_

For office use only

Date: \_\_\_\_\_

☐ Cash

Check number: \_\_\_\_\_

For information on registration, call 401.732.6335